

Consumer Financial Services Application

START WITH THIS FORM *It contains instructions and a list of additional forms and information you will need to attach to ensure that your filing is complete.*

Name of Applicant including dba if applicable			Tax ID number (FEIN)							
Designated representative (person responsible for addressing inquiries about this application prior to issuance of a license)										
Name and title				Telephone number (include area code)						
Number, street and floor or suite number				Fax number (include area code)						
PO Box				Main company telephone number (include area code)						
City		State		Zip		EMail address				

General Instructions

Complete this application. Submit it to the Office of Financial and Insurance Services (OFIS). If the Commissioner determines that the experience, character, financial responsibility, and general fitness of the applicant and its affiliates command the confidence of the community and warrant the belief that the business will operate lawfully, honestly, fairly, and efficiently within the purpose of the Consumer Financial Services Act, the application will be approved, and OFIS will issue the license.

Incomplete applications will be returned without review. Do not leave any question blank - Enter "N/A" or "None" if not applicable.

Use the checklist on this form to assure that all required documents are attached.

File application with original signatures.

Applicant may provide additional information in support of this application as deemed appropriate.

License Classes

Authorization by License Type

to engage in all of the activities permitted under	Class I licensees	Class II licensees
Credit Card Act, Public Act 379 of 1984	YES	YES
Motor Vehicle Sales Finance Act, Public Act 27 of 1950	YES	YES
Regulatory Loan Act, Public Act 21 of 1939	YES	YES
Sale of Checks Act, Public Act 136 of 1960	YES	NO
Mortgage Brokers, Lenders, and Servicers Licensing Act, Public Act 173 of 1987	YES	NO
The Secondary Mortgage Loan Act, Public Act 125 of 1981	YES	YES, <i>except</i> loan servicing activities

Minimum Net Worth Requirements by license type (follow instructions on form FIS 2053 Financial Statement Disclosure)

to engage in all of the activities permitted under	Class I licensees	Class II licensees
ANY or ALL EXCEPT Credit Card Act, Public Act 379 of 1984	\$100,000 minimum	\$50,000 minimum
Credit Card Act, Public Act 379 of 1984	\$1,000,000 minimum	

Surety Bond/Letter of Credit Requirements by license type (follow instructions on this form)

Class I licensees	Class II licensees
\$1,000,000	\$500,000

Visit OFIS on the Web at:
www.michigan.gov/ofis

 **Michigan Department of Consumer & Industry Services**
"Serving Michigan...Serving You"

Phone OFIS toll-free at:
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

- ☐ FIS 2050 Entity Application Disclosure, page (1)—All applicants must list a Michigan Resident Agent. This is the person on which process is served in Michigan.
- ☐ Attach a list of all additional Michigan branch offices where applicant will conduct business. Separate branch office licenses are not required.
- ☐ Attach copy of Articles of Incorporation (if incorporated).
- ☐ Attach copies of issued stock certificates if company has 20 or fewer stockholders.
- ☐ Attach copy of Articles of Organization, Partnership Agreement or business license filing, etc. (if not incorporated).

FIS 2050 Entity Application Disclosure, page (2)—List each of the following in relation to the applicant: ALL officers of the corporation, partners, or sole proprietor; stockholders of 20% or more or each stockholder if there are 20 or fewer stockholders; members if company is organized as a limited liability company; members of the Board of Directors of the corporation including Board of Trustees, Executive Committee, and any other governing body.

- ☐ For each of the above described persons or corporate stockholders, attach form FIS 2051 Affiliation Disclosure with original signature.
- ☐ Each person affiliated with a corporate stockholder of the applicant as an officer, director, trustee or owner of 20% or more of the stock of the corporate stockholder must complete a separate form FIS 2051 Affiliation Disclosure. Please keep each group of corporate stockholder forms together when filing.
- ☐ For questions 1-4 on page 2 of form FIS 2051, if any response was "Yes," further documentation must be attached. See form FIS 2051 for detailed instructions.
- ☐ FIS 2053 Financial Statement Disclosure—You *may* submit a completed independent audit (must be less than 6 months old) in lieu of page 2 of form FIS 2053. The audit must be accompanied by an opinion prepared by a CPA and must include all of the items listed on page 2 of form FIS 2053.
- ☐ If any of the assets in the financial statement are pledged to secure payment of liabilities, you must attach a report stating kind and total of assets pledged, amount of indebtedness secured, and the name of the pledges.
- ☐ If applicant is organized as a Corporation, Partnership, Limited Partnership or Limited Liability Company, complete and attach form FIS 2054 Certificate of Resolution, or prepare an original certificate of resolution that provides all of the information in form FIS 2054. Sole proprietors do not file form FIS 2054.
- ☐ All applicants must submit a Surety Bond or a Letter of Credit. Page 3 of this form is a bond form. Page 4 is a specimen Letter of Credit. Regardless of which method is chosen, wording must be the same as page 3 or 4.
- ☐ When checklist is complete, read and sign the verification below before a notary public.
- ☐ Make a photocopy for your records. Submit your original filing as instructed below.
- See website for Schedule of Fees. Determine fee due. Contact OFIS at 1-877-999-6442 toll-free if you have questions regarding fees. Attach check or money order for exact amount due, payable in US Dollars to: State of Michigan-OFIS.**

Verification

I swear under penalties of perjury that the information above and attached is true, accurate and complete.

Signature _____ Date signed _____

Signer's name and title (*typed or printed*) _____

Certification of Notary Public

State of _____ County of _____
On this _____ day of _____, 20____, before me, the undersigned notary, personally appeared _____,

personally known to me, or proved to me through government-issued documentary evidence in the form of _____

_____ to be the person(s) who signed the preceding document in my presence and who swore or affirmed to me that the signature is voluntary and the document truthful.

Official seal and signature of notary

Bond—Consumer Financial Services

If a bond is posted, complete and attach this form with original signatures to your application form as instructed on the application form.

KNOW ALL PERSONS BY THESE PRESENTS, That _____

of _____, State of _____ as PRINCIPAL and
_____ of _____ as SURETY are held
and firmly bound unto the People of the State of Michigan, for the use of said State and of any person or persons who may have a cause of action against
the above principal under the provisions of Act No. 161, Public Acts of 1988, as amended,

in the sum of \$ _____, lawful money of the United States, to be paid to the said People of the State of Michigan, or its assigns, for
payment to be well and truly made, we bind ourselves, our heirs, executors, administrators, successors, and legal representatives, jointly and severally,
firmly by these presents.

Whereas, the above bounden principal has received, or is about to receive, a license from the Commissioner, Office of Financial and Insurance Services of
said State of Michigan authorizing the PRINCIPAL to engage in the business of _____
_____ under the provisions of Act No. 161, Public Acts of 1988, as amended.

The condition of this obligation is such, that if the said principal will conform to and comply with each and every provision of the act and all rules and
regulations lawfully promulgated thereunder by the Commissioner, Office of Financial and Insurance Services of the State of Michigan, and will pay to said
State and to such person or persons, any and all moneys that may become due or owing to said State and to such person or persons from the obligor,
principal, and by virtue of the provisions of said Act No. 161, Public Acts of 1988, as amended, then this obligation shall be void, otherwise it is to remain in
full force and effect.

This bond shall be effective _____ and shall be in force for the term ending December 31, 20____.

This bond may be continued in force for an additional term or terms by suitable continuation certificates executed by the surety with the approval of the
Commissioner, pursuant to such regulations as may hereafter be provided.

Signed, sealed and dated this day, _____, 20____.

In the presence of:

Witness

Witness

Principal

Principal

Surety

Surety

Specimen Letter of Credit

To be used under the Michigan Consumer Financial Services Act, Act No. 161 of the Public Acts of 1988, as amended. See page 1 for amounts by license class.

[begin of specimen letter of credit]

Commissioner of the Office of Financial and Insurance Services
611 W. Ottawa Street
PO Box 30224
Lansing, MI 48909-7720

Commissioner:

We hereby establish our Irrevocable Standby Letter of Credit No. _____ in your favor for the account of _____ (account party) up to the aggregate amount of U. S. \$ _____.

The credit amount is available to you by your draft(s) on us at sight when accompanied by your signed and dated statement reading as follows:

"The undersigned (the "Commissioner") hereby demands the sum of _____ (specify) under _____ (name of issuing bank) (the "Issuing Bank") Irrevocable Letter of Credit No. _____ (specify) (the "Credit"), issued for the account of _____ (name of applicant) (the "Account Party"), as evidenced by the sight draft accompanying this statement, and certifies that one or more of the following has occurred:

1. The Account Party, at the sole determination of the Commissioner, has not conducted business in accordance with the Michigan Consumer Financial Services Act, Act No. 161 of the Public Acts of 1988, as amended.
2. The Account Party, at the sole determination of the Commissioner, has not conducted business in accordance with a rule promulgated by the Commissioner, pursuant to the Michigan Consumer Financial Services Act, Act No. 161 of the Public Acts of 1988, as amended.
3. The Account Party, at the sole determination of the Commissioner, has not paid money as such money has come due.
4. The Commissioner has been notified by the Issuing Bank that it has elected not to extend the expiration date of the Credit, and the Account Party has failed to provide a replacement letter of credit or other proof of financial responsibility specified under the Michigan Consumer Financial Services Act, Act No. 161 of the Public Acts of 1988, as amended, fully acceptable to the Commissioner, at least sixty (60) days prior to the current expiry of the Credit."

Drafts must be presented at our office at _____ no later than December 31, 20____.

All drafts must be marked: "Drawn under Irrevocable Standby Letter of Credit No. _____, dated _____."

It is a condition of the Letter of Credit that it be automatically extended for a period of one year from its present or future expiration date unless we notify you in writing by registered mail at least ninety (90) days prior to such date that we elect not to extend the expiration of this Letter of Credit for such additional period.

We hereby agree with you that drafts drawn under and in compliance with the terms of this credit shall be duly honored on due presentation.

This credit is subject to Uniform Customs and Practice for Documentary Credits (1993 Revision), International Chamber of Commerce Publication 500.

Sincerely,

[end of specimen letter of credit]

Entity Application Disclosure

Complete and attach this form to your application form as instructed on the application form.

IMPORTANT: This symbol indicates that additional documentation may be required.

On each attachment, enter name of Company and Tax ID number (FEIN) in upper right corner.

Name of Applicant including dba if applicable	Tax ID number (FEIN)

Address 1: Applicant's principal U.S. administrative office (must include street address) <div>check if address is <input type="checkbox"/> Our primary mailing address</div> <div>Number, street and floor or suite number</div> <div>PO Box</div> <div>CityStateZip</div>	Address 2: Company's primary office in Michigan (must include street address) <div>check if <input type="checkbox"/> Same as address 1 <input type="checkbox"/> This is our primary mailing address</div> <div>Number, street and floor or suite number</div> <div>PO Box</div> <div>CityStateZip</div>
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Address 3: Primary mailing address (only if different than address 1 or 2) <div>Name</div> <div>Number, street and floor or suite number</div> <div>PO Box</div> <div>CityStateZip</div>	Michigan Resident Agent * (person who accepts service of process on company's behalf) <div>Name</div> <div>Number, street and floor or suite number</div> <div>PO Box</div> <div>CityStateZip</div>
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* If applicant is a Corporation, Limited Liability Company, or Limited Partnership, Michigan Resident Agent and address must agree with that on file with the Corporation Division of the State of Michigan Bureau of Commercial Services.

Attach a report listing all additional Michigan branch offices where applicant will be conducting business. Give street address and name of manager for each branch location. If company keeps the official books, records and related documents in a location other than address 1, 2, or 3 above, please attach an explanation and give the address where such documents are maintained.

Contact person (person at this applicant business responsible for addressing inquiries from the Office of Financial and Insurance Services after issuance of a license) <div>Name and title</div> <div>Number, street and floor or suite number</div> <div>PO Box</div> <div>CityStateZip</div>	<div>Telephone number (include area code)</div> <div>Fax number (include area code)</div> <div>Main company telephone number (include area code)</div> <div>Email address</div>
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1. Company is organized as the following type of business:

☐ Corporation please enter your 6-digit Michigan Corporation I.D. number :

☐ Limited Liability Company (LLC)

☐ Limited Liability Partnership (LLP)

☐ General Partnership

☐ Sole Proprietorship

☐ Other (describe)

Michigan Corporation ID number

Attach each applicable item: (document copies must be certified by state of domicile)

Copy of Articles of Incorporation (if incorporated)

Copies of issued stock certificates if company has 20 or fewer stockholders

Copy of Articles of Organization, Partnership Agreement or business license filing, etc. (if not incorporated)

2. Company state of organization:

☐ Michigan

☐ Other (enter state of organization)


3. Company date of organization (mm/dd/yyyy):

4. Identify each of the following in relation to the applicant: *Attach additional list if necessary*

- ▶ ALL officers* of the corporation, partners, or sole proprietor
- ▶ ALL stockholders of 20% or more or each stockholder if there are 20 or less stockholders
- ▶ ALL members if company is organized as a limited liability company
- ▶ ALL members of the Board of Directors of the corporation including Board of Trustees, Executive Committee, and any other governing body

* Officers include, but are not limited to: Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), President, Vice President, Secretary, Treasurer

Name	Title and/or stock %	Name	Title and/or stock %

 Each person listed above must complete and attach form FIS 2051 Affiliation Disclosure.

5. Does company hold any type of financial services license (such as insurance, securities, banking/finance) issued by Michigan or another state?

☐ Yes ☐ No If yes, complete below. Attach additional page(s) if necessary.

State	License number	Type of license	Name of regulatory agency issuing license

6. Give a general description of the applicant's proposed business activities. At a minimum, include a list of services applicant will provide consumers, and how the applicant plans to generate business.

Affiliation Disclosure

Please enter all information as requested. If a question is not applicable or the answer is none, indicate your response as "N/A" or "none." Filing instructions are on page 3.

IMPORTANT: On each attachment to this Affiliation Disclosure, enter Your Name, Name of Applicant Company and Company's Tax ID number (FEIN) in upper right corner.

Name of applicant COMPANY OR CORPORATION	Tax ID number (FEIN)

Check each box below that describes your relationship to the applicant company, or a corporate stockholder of the applicant company.

Each person affiliated with the applicant as described below must complete this Applicant Affiliation Disclosure. Check each box that applies to you.

- | | |
|--|--|
| <input type="checkbox"/> Proprietor | <input type="checkbox"/> Stockholder of a company with 20 or fewer stockholders |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Stockholder of 20% or more of the stock of the company |
| <input type="checkbox"/> Member if applicant is organized as a limited liability company | <input type="checkbox"/> Member of the corporation's Board of Directors, Board of Trustees, Executive Committee, or other governing body |
| <input type="checkbox"/> Officer of the corporation | |

☐ I am affiliated with a corporate stockholder of the applicant corporation

If affiliated party is a Corporate Stockholder, complete this section:

Name of Corporation	State of Incorporation
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Percentage of ownership of applicant company _____ %

Corporation Tax ID Number (FEIN)

Each person affiliated with this corporate stockholder as an officer, director, trustee or owner of 20% or more of the stock of the corporate stockholder must complete a separate Affiliation Disclosure. Please keep each group of corporate stockholder forms together when filing.

Your **NAME and TITLE** as it relates to the applicant company

Your **MAILING ADDRESS** (be sure to keep your mailing address current with our office)

Address line 1

Address line 2

City	State or Province	Zip or Postal Code
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Country (if other than United States)

Your **BUSINESS ADDRESS** or check if ☐ same as mailing address

Address line 1

Address line 2

City	State or Province	Zip or Postal Code
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Country (if other than United States)

Confidential background information disclosure:

By signing below, I indicate that I understand and agree to the following: The Office of Financial and Insurance Services (OFIS) will evaluate my suitability under Michigan law relating to the applicant company I am affiliated with. Error, omission or fraud on this Affiliation Disclosure may result in denial of the company's application, revocation of license if issued, and criminal or civil action against myself and the applicant company. OFIS may use the information below in the conduct of an investigation which may include contact with governmental agencies, credit reporting agencies, courts, previous employers and associates. If any information indicates a violation of law, it will be referred to the appropriate authority. If information about me warrants denial of the application, the Office of Financial and Insurance Services will provide the applicant company written notice of the facts, including a statement of the statutory and factual reasons, and the applicant's rights to dispute or appeal such a denial.

Information given below on this page only is confidential. It is NOT a public record and shall not be released under the Freedom of Information Act.

<input type="checkbox"/> Mr.	FULL LEGAL NAME of affiliated person	Jr., Sr., II, III etc.	Your Social Security Number
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			

Your **RESIDENCE ADDRESS** (must include actual street address, not PO Box)

Address line 1

Address line 2

City	State	Zip
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Other names with social security numbers under which my tax information is filed

Daytime phone with area code, () for questions about this form:

Driver's license number State

Date of birth (mm/dd/yyyy)

Email address

Other names by which I am known now or have been known by in the past

Certification

I have read the confidential background information disclosure. I understand and agree to it. I swear under penalties of perjury that the information given on and attached to this Affiliation Disclosure is true, accurate and complete.

Signature of affiliated person

Date signed

1. Have you ever been convicted of, or are you currently charged with, committing a crime?

☐ Yes ☐ No If yes, attach the following to this Affiliation Disclosure:

A written statement explaining the circumstances of each incident; a copy of the charging document; a copy of the official document that demonstrates resolution of the charges or any final judgment.

"Crime" includes a misdemeanor, felony or a military offense. Exclude misdemeanor traffic citations and juvenile offenses. "Convicted of" includes a finding of guilty by verdict of a judge or jury, having plead guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

2. Have you or any business in which you are or were an owner, partner, officer, director or member ever been involved in an administrative proceeding regarding any professional or occupational license?

☐ Yes ☐ No If yes, attach the following to this Affiliation Disclosure:

A written statement explaining the type of license and the circumstances of each incident; a copy of the hearing notice or other document that states charges and allegations; a copy of the official document that demonstrates resolution of the charges or any final judgment.

"Involved" means having a license suspended, revoked, canceled, terminated, or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding related to a professional or occupational license. It also means having a license application denied or withdrawal of an application to avoid a denial.

3. Are you currently a party to, or have you been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

☐ Yes ☐ No If yes, attach the following to this Affiliation Disclosure:

A written statement explaining the circumstances of each incident; a copy of the petition, complaint or other document that commenced the lawsuit or arbitration; a copy of the official document that demonstrates resolution of the charges or any final judgment.

4. Have you ever been subject to a bankruptcy proceeding or had to work out a compromise with creditors as a result of overdue monies?

☐ Yes ☐ No If yes, attach the following to this Affiliation Disclosure:

A written statement explaining the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy; a copy of the discharge of bankruptcy.

5. Do you hold any type of financial services license (such as insurance, securities, banking/finance) issued by another state?

☐ Yes ☐ No If yes, complete below. Attach additional page if necessary.

State	License number	Type of license	Name of regulatory agency issuing license

6. Please describe your experience in the consumer financial services business. List all consumer financial service firms you have been employed by: Attach additional pages if necessary.

7. Will your affiliation with the applicant company be your primary occupation or business activity?

☐ Yes ☐ No If no, what is your primary occupation or business activity? _____

8. Please give your employment history for the past ten years. Account for all time and all employment experience. Include full and part-time work, self employment, military service, unemployment and full-time education. Start from the present time and work back 10 years. Attach additional pages if necessary.

Employer name	Location (city, state)	From month year	To month year	Position held
			Present	

9. Please list all firms, companies, corporations or other business organizations of which you are a director, officer, employee, partner, owner or member. Attach additional pages if necessary.

Name of business	Location (city, state)	Type of business	Position held

Filing Instructions

Be sure that all pages of this Affiliation Disclosure are completed and that any required supplemental information is attached. Check to be certain that the certification statement at the bottom of page 1 is signed. Include with applicant company's application filing, or (unless you are an affiliate of a corporate stockholder) mail directly to:

**Office of Financial and Insurance Services
611 W. Ottawa Street
PO Box 30224
Lansing, MI 48909-7724**

Authority: This form is a required attachment for a variety of OFIS application forms. It is authorized under the same public act as the application to which it is required to be attached. Failure to complete or submit this form, false statements, or omissions may result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.

Visit OFIS on the Web at:
www.michigan.gov/ofis



Michigan Department of Consumer & Industry Services
"Serving Michigan...Serving You"



Phone OFIS toll-free at:
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Financial Statement Disclosure

File this Financial Statement Disclosure with your application. Report based on the fiscal year of the applicant immediately preceding the date of this application. Use financial data for the applicant or licensee, not the parent company.

You may submit a completed independent audit (must be less than 6 months old) in lieu of page 2 of form FIS 2053. The audit must be accompanied by an opinion prepared by a CPA and must include all of the items listed on page 2 of this form.

Period this report covers:

Beginning

Ending

Name of Company

Tax ID number (FEIN)

Verification

I swear under penalties of perjury that the information above and attached is true, accurate and complete.

Signature | Date signed

Signer's name and title (typed or printed)

Certification of Notary Public

State of _____ County of _____

On this _____ day of _____, 20____, before me, the undersigned notary, personally appeared _____,

personally known to me, or proved to me through government-issued documentary evidence in the form of _____

_____ to be the person(s) who signed the preceding document in my presence and who swore or affirmed to me that the signature is voluntary and the document truthful.

Official seal and signature of notary

Financial Statement Disclosure

You may submit a completed independent audit in lieu of page 2. Page 1 must always be filed.
See detailed instructions on page 1.

For the fiscal year ending

MM / DD / YY				

Name of Company	Tax ID number (FEIN)

Complete entire statement. Use blank lines to itemize and describe other items. Attach additional pages if necessary.
Place applicant name, tax ID number (FEIN) and fiscal year end in the upper right corner of all attachments.

ASSETS

LIABILITIES AND STOCKHOLDERS' EQUITY

CURRENT ASSETS	
1. Cash	
2. Notes receivable	
3. Accounts receivable	
4. Mortgage loans and contracts receivable	
5. Stocks, bonds and other investments	
6. Furniture, fixtures and equipment	
7. Real estate and buildings	
Other assets (describe)	
8. -----	
9. -----	
10. -----	
11. -----	
12. -----	
13. -----	
14. -----	
15. -----	
16. -----	
17. -----	
18. TOTAL ASSETS (add lines 1 through 17)	

LIABILITIES	
19. Notes payable	
20. Accounts payable	
21. Mortgage loans and contracts payable	
Other liabilities (describe)	
22. -----	
23. -----	
24. -----	
25. -----	
26. -----	
27. Total liabilities (add lines 19 through 26)	
STOCKHOLDERS' EQUITY	
28. Common stock	
29. Preferred stock	
30. Additional paid-in capital	
31. -----	
32. -----	
33. -----	
34. -----	
35. Retained earnings	
36. Total stockholders' equity (add lines 28 through 35)	
37. TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY (add lines 27 and 36)	

Are any of the assets in this financial statement pledged to secure payment of liabilities?
☐ Yes ☐ No If yes, attach a report stating kind and total of assets pledged, amount of indebtedness secured, and the name of the pledges.

Certificate of Resolution

Complete and attach this form to your application form only if company is organized as a corporation, partnership (general or limited), or a limited liability company.

Name of applicant company or corporation including dba if applicable

Tax ID number (FEIN)

A meeting of the (select by marking the appropriate box)

☐ Board of Directors (if applicant is a corporation or a limited partnership),

☐ Partners (if applicant is a partnership),

☐ Members (if applicant is a limited liability company),

was held as described below:

Type of meeting

☐ Regular ☐ Special

Location of meeting

Date of meeting

At the meeting, this resolution was presented and adopted by a majority vote:

We resolve that it is our desire and purpose to be licensed in the State of Michigan as this class of licensee:

(select by marking the appropriate boxes)

☐ Class I

☐ Class II

☐ Including Credit Card Act, Public Act 379 of 1984

☐ NOT Including Credit Card Act, Public Act 379 of 1984

Applicants who will conduct business under the Credit Card Act are subject to a net worth requirement of \$1,000,000.00, regardless of class of license.

We authorize this representative to prepare, execute, verify and present to the State of Michigan, on behalf of this company, written application to conduct business as indicated above in accordance with all applicable laws and regulations.

Name and title of designated representative of the applicant company

Signed,

Signature of applicant company authority

Date signed

Name and title of above signed applicant company authority (typed or printed)

